

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 6-28-01.
- b. The request was received on 5-13-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. EOBs, Reaudit dated 5-1-02
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. No response was found in the dispute packet from the Respondent. The Commission's case file does not contain documentation indicating Respondent received the Requestor's additional documentation per Commission Rule 133.307 (g)(4). The findings and decision is based on the documentation contained in the Commission's case file at the time of review. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file

III. PARTIES' POSITIONS

1. Requestor: No Position statement.
2. Respondent: No Response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 6-28-01.
2. The carrier denied the disputed service as reflected on the EOBs as, "O – THE CARRIER PREVIOUSLY PROCESSED THIS BILL. BASED ON THE INFORMATION AVAILABLE. THE ORIGINAL AUDIT DECISION REMAINS THE SAME. IF YOU WISH FOR THE CARRIER TO RECONSIDER THIS BILL. PLEASE SUBMIT AS

AN APPEAL”; “D – THE PROVIDER HAS BILLED FOR THE EXACT SERVICES ON A PREVIOUS BILL”.

Reaudit dated 5-1-02 indicates, “Ground Rule I.A. on page 7 of the Medical Fee Guideline defines a new patient as one who has not received professional services for another provider in the same group practice in the three years prior to the date of service. This employee was seen in this facility on 6-27-01.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-28-01	99203	\$74.00	\$-0-	O, D	\$74.00	MFG; MGR (I) (A) (7); CPT Descriptor	<p>The EOBs reviewed indicate that the charge was denied as a duplicate charge. No original EOB was noted in the dispute packet. The reaudit dated 5-1-02 indicated that the patient was an established patient and not a new patient.</p> <p>Per the referenced ground rule, a physical therapist must use codes 99202, 99203 or 99204, depending on the level of service for an initial evaluation. There was no documentation noted to support the carrier's denial that the claimant was already an established patient.</p> <p>Therefore, reimbursement is recommended in the amount of \$74.00.</p>
Totals		\$74.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$74.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$74.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of September 2002.

Lesia Lenart, RN
 Medical Dispute Resolution Officer
 Medical Review Division
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